Status of Abortion-Related Stigma in Nepal using Stigmatizing Attitudes, Beliefs, and Actions Scale

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ABSTRACT

Background: Despite substantial improvements in the accessibility of safe abortion services nationwide, a noticeable underutilization of these services persists, primarily attributable to the presence of social stigma. This stigma leads to discrimination, abuse, and poor healthcare. This study aims to understand and address abortion stigma among Nepali women of reproductive age.

Methods: This cross-sectional study involved 2286 women of reproductive age across Nepal. SABAS was used to measure abortion stigma, which includes 18 questions. Quantitative data was collected through face-to-face interviews using structured questionnaires on kobo collect. Stata 15.0 software was used for data analysis.

Results: The mean SABAS score was 46.5 out of 90, indicating moderate abortion stigma in Nepal. Negative stereotypes and beliefs about abortion were more prevalent, with over 80% believing a woman's health deteriorates after abortion. Discrimination tendencies were lower, with less than 10% endorsing teasing, pointing fingers, or disgrace. Fear of contagion was also relatively low, with less than 20% agreeing that women who had abortions made others ill. Factors such as age, caste/ethnicity, education, marital status, wealth, and provinces were associated with varying levels of stigma, and women of higher age group, Madhesh, Dalit, Muslim, lower education levels, widowed, poor, Madhes province were linked to higher stigma scores. The study found that stigma levels varied among different groups.

Conclusions: The stigma level on abortion is higher in upper age group, Madheshi, Dalit, Muslim, lower education levels, widowed, poor, Madhesh province women in Nepal. Similarly, the negative stereotype and discrimination and exclusion is also high while the fear of contagion is low among Nepalese women and girls.

Keywords: Abortion-related stigma; attitudes; Nepal.

INTRODUCTION

Sexual and reproductive health is a fundamental right for every individual including a safe abortion service in Nepal.[1,2] However, various studies show that women are unaware of the legalization of safe abortion, and access to abortion services thus leading to unsafe abortion catalyzed by the existing social norms and values regarding abortion.[3,4] The stigma cycle starts with labeling abortion as abnormal and those who have it as deviant, leading to stereotyping and judgment of individuals in the context of Nepal.[5] The stigma leads to discrimination and status loss, which can result in verbal or physical abuse and low-quality treatment from healthcare professionals.[5,6] However, there is limited national-level research that analyzes comprehensive perceptions, norms, and values regarding safe abortion. Thus, the objective of this study was to gauge the level for abortion stigma, attitude, belief and action and its contributing factors among women of reproductive age (WRA) in Nepal.

METHODS

This research employed a cross-sectional study design to investigate the level of stigma on abortion information

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among girls and women of reproductive age (WRA) in 30 municipalities across Nepal's seven provinces. The study used a stratified sampling technique to ensure adequate representation of women from different age groups. Quantitative data was collected through face-to-face interviews using structured questionnaires on kobo collect. In total, 2286 WRAs were interviewed. Sampling weight was used to analyze the findings as the sample was multistage cluster sampling.

We used standard stigmatizing attitudes, beliefs and actions scale (SABAS) tool to measure the abortion stigma where a total of 18 variables are used. The SABAS tool is a valid and reliable tool which has been used extensively in low resource context to measure the abortion stigma.[7,8] The Nepali translated tool has been already used in the context of Nepal in small studies conducted by Ipas Nepal since 2017 and thus nationalize SABAS tool for this study. The five-level scale was used where 1 is no or low level of stigma and 5 is the highest level of stigma for 17 statements. One statement is positive, and score was reversed during estimating SABAS scores. Furthermore, there are three identified subscales, negative serotype (8 items), discrimination and exclusion (7 items) and potential contagion (3 items). The score should fall between 18 to 90. Stata 15.0 was used to analyze the data. Univariate analysis was accomplished to get frequencies for demographic characteristics and SABAS statements. Mean and standard deviation were calculated for total SABAS scores and in all three subscales. Further, mean scores were disaggregated by socio-demographic characteristics. This study was approved by Nepal Health Research Council and this paper is part of bigger study with different objectives and sampling strategies. There are other articles published and some are in progress from the same ethical approval and authors would like to ensure no duplication of data and results.

RESULTS

A total of 2286 women and girls were aged 15-49 years participated in the survey. The majority of the respondents were between the ages of 20-29 years, making up 36 percent of the total respondents. Adolescents aged 15-19 years comprised more than 9 percent. About one third respondents were from *Janjati* ethnic group whereas Dalit are about 18 percent and Muslim are 6 percent. About three out of 10 women and girls had never gone to school. Percentage of ever married women are 14 percent. Four out of 10 participants belonged to the saving and credit group. More than one quarter respondents were working in

agriculture and about one fifth were businesswomen and girls. However, about 31 percent respondents reported that they were not engaging in any economic activities. About 55 percent of respondents resided in urban areas and rest were from rural areas. The highest number of respondents were from Bagmati Province and followed by Madhesh and the lowest in Karnali.

In this section, the findings explored the levels of abortion-related stigma among the study population using the validated Stigmatizing Attitudes, Beliefs, and Actions Scale (SABAS).. The mean score is calculated as 46.5 out of a total of 90 using SABAS. Similarly, the mean score for negative stereotyping is 25.2 out of 40, exclusion and discrimination was 14.8 out of 35, and the mean score for fear of contagion was 6.6 out of 15 total scores.

More than 80 percent of women and girls had stigmatizing beliefs on the health of a woman who has an abortion is never as good as it was before. Furthermore, more than two-thirds of women and girls said that aborted woman is committing a sin. About half of the respondents thought that an aborted woman brings shame to her family. Less than half of the respondents disagreed on the statement on aborted women encourage other women to get abortions.

Exclusion and discrimination were less prevalent in Nepal than negative beliefs and attitudes. Less than ten percent women would like to tease (9.8%), disgrace (7.4%) and point out fingers (9.4%) to a women who has had done an abortion. Agreeing on other discrimination activities were slightly less or more than 20 percent.

Fear of contagion was also less prevalent among girls and women in Nepal. Less than 20 percent women and girls agreed that such women made other people ill or sick (16.1%), they need to isolate from community (16.0%) and men become infected with a disease if they sex with such women (19.0%).

No	Items for negative stereotyping	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1	She is committing a sin.	13.0	15.0	5.0	32.6	34.4
2	She will make it a habit.	15.2	25.4	14.1	31.1	14.2
3	Cannot be trusted her.	15.8	27.5	12.9	31.8	12.0
4	She brings shame to her family.	17.0	26.8	8.5	31.5	16.2
5	The health is never as good as it was before the abortion.	4.4	9.7	4.7	42.1	39.1
6	She might encourage other women to get abortions.	16.4	32.9	14.7	27.8	8.2
7	She is a bad mother.	17.8	26.9	9.5	31.9	13.9
8	She brings shame to her community.	19.8	32.4	8.6	26.5	12.7
No	Items for exclusion and discrimination					
1	She should be prohibited from going to religious services.	30.1	37.5	9.1	17.9	5.3
2	I would tease such a woman so that she would be ashamed of her decision.	41.1	45,2	4.0	7.6	2.2
3	I would try to disgrace a woman in my community if I found out she'd had an abortion.	44.5	44.8	3.4	5.7	1.7
4	A man should not marry such a woman because she may not be able to bear children.	21.3	38.3	16.2	19.0	5.2
5	I would stop being friends with such women.	31.5	43.1	7.4	13.6	4.3
6	I would point my fingers at a woman so that other people would know what she has done.	38.0	47.9	5.0	7.4	1.7
7	She should be treated the same as everyone else.	6.7	15.6	7.6	45.3	24.8
No	Items for fear of contagion	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1	She can make other people fall ill or get sick.	33.7	36.7	13.6	12.7	3.4
2	She should be isolated from other people in the community for at least 1 month after having an abortion.	33.6	39.8	10.5	13.8	2.2
3	If a man has sex with such a woman, he will become infected with a disease.	30.5	33.6	16.8	15.1	3.9

Table 1. Details scores on agreement of each statement about a woman who had an abortion.

A bivariate analysis using regression and considering the sampling design showed the association between unsafe abortion (due to stigma and sociocultural barriers) and various factors, such as age, education, marital status, wealth quintiles, and provinces (as presented in Table 2).

The level of stigma was higher with increase in age. The highest score found in age 45-49 years (50.91±13.28), while the lowest is in 15-19 years (42.06±12.65). The results indicated an inverse dose-response relationship between the levels of education and the score for level of stigma (SABAS). The women who have higher level of education has low level of stigma (34.58±9.95) and highest was in the group never attended school (54.15±12.68). Similar pattern are observed in all three subscales.

Madheshi, Dalit and Muslim had significantly higher level of stigma than Brahmin/Chhetri women and girls. Among these marginalized group, Muslim were highly stigmatized (58.11±11.77). Similarly, never married girls had the lowest level of stigma in abortion while ever married women and girls have significantly higher level of stigma

referring never married. Similar pattern were observed in all three subscales among married and never married women and girls. Furthermore, women and girls who are affiliated to saving and credit groups had lower level of stigma against their counterparts.

Level of stigma was varied among different occupational group. Women and girls other than skilled service and students were significantly higher level of stigma, the highest value observed in unskilled service group (54.09±11.43).

Table 2a. Bi-variate analysis of SABAS scores with socioeconomic variables.								
Characteristics	SABAS score		Negative stereotyping		Exclusion and discrimination		Fear of contagion	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Age								
15-19 (ref.)	42.06	12.65	22.40	7.28	13.68	4.73	5.98	2.61
20-24	43.68	13.95	23.61*	7.92	13.99	5.37	6.09	2.73
25-29	44.48*	13.57	24.50**	7.73	13.85	4.94	6.13	2.88
30-34	47.17***	13.26	25.61***	7.53	14.98**	5.23	6.58*	2.94
35-39	47.31***	13.58	25.47***	7.62	15.15**	5.06	6.69*	2.92
40-44	50.81***	14.06	27.25***	7.49	16.31***	5.63	7.24**	3.10
45-49	50.91***	13.28	27.79***	7.27	15.74**	5.40	7.38*	2.99
Education								
Never attended school (ref.)	54.15	12.68	28.96	6.47	17.36	5.57	7.83	2.93
Basic Education	48.51***	12.70	26.45***	7.06	15.17***	4.90	6.89**	2.99
Secondly Education	41.23***	12.37	22.60***	7.61	13.01***	4.58	5.60***	2.51
Bachelor and above	34.58***	9.95	18.26***	6.48	11.54***	3.30	4.79***	2.03
Caste/ethnicity								
Brahmin/Chhetri (ref.)	42.77	13.26	23.64	7.93	13.22	4.66	5.90	2.82
Madhesi	49.86***	12.87	26.04**	6.97	16.52***	5.60	7.31***	2.79
Dalit	48.36*	13.94	26.05*	7.38	15.55*	5.48	6.76*	3.01
Janjati	45.35	13.37	24.79	7.84	14.17*	4.63	6.38	2.88
Muslim	58.11*0**	11.77	30.71***	5.85	19.14***	6.00	8.26***	3.01
Marital Status								
Never married (ref.)	39.04	12.65	20.72	7.32	12.86	4.60	5.46	2.48
Currently married	47.60***	13.65	25.86***	7.58	15.04***	5.31	6.70**	2.95
Divorced/separated/widowed	50.37***	13.29	27.51***	7.32	15.67**	5.23	7.19***	3.06

*p<0·05; **p<0·01; ***p<0·001. Source: Field Survey, 2022.*

Only richest women and girls had significant lower level of total stigma and in negative stereotyping subscale, among five wealth quintiles.

There was no urban rural difference in stigma, however Provincial differences were observed. The highest SABAS score was observed in the Madhesh province (52.92±12.35), while the lowest was seen in the Sudurpaschim province (37.71±9.64). Only Madhesh province had significant difference in total Stigma and other two subscales (negative stereotype and exclusion) compared to reference Koshi province. Furthermore, women and girls of Sudurpaschim had a significantly lower stigma in two subscales (exclusion and contagion) compared to reference Koshi province.

Characteristics	SABAS score		Negative stereotyping		Exclusion and discrimination		Fear of contagion	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Affiliation to saving credit groups								
Not affiliated (ref.)	47.81	14.15	25.72	7.85	15.27	5.43	6.83	2.98
Affiliated	44.66**	13.14	24.49*	7.55	14.03***	4.94	6.14**	2.81
Occupation								
Skilled service (ref.)	37.22	12.82	19.90	7.61	12.04	4.70	5.28	2.66
Agriculture	48.04***	13.14	26.23***	7.18	14.97***	5.30	6.84***	2.95
Student	37.88	11.53	19.98	6.92	12.47	4.04	5.43	2.41
Business	43.61***	12.82	23.95***	7.65	13.66**	4.72	6.00***	2.66
Unskilled service	54.09***	11.43	29.64***	6.03	16.80***	5.03	7.65**	3.01
Not working	49.42***	13.94	26.55***	7.52	15.95***	5.48	6.93***	3.01
Wealth Quintile								
Poorest (ref.)	48.78	14.46	26.69	7.13	15.17	6.15	6.92	3.11
Poorer	49.64	12.93	26.64	7.02	16.08	5.29	6.92	2.82
Middle	46.47	13.46	25.37	7.77	14.58	5.01	6.52	2.86
Richer	45.55	12.71	24.81	7.73	14.23	4.61	6.51	2.72
Richest	42.56*	14.97	22.72**	8.37	13.93	5.28	5.90	3.12
Place of Residence								
Rural (ref.)	46.80	13.83	25.53	7.70	14.76	5.47	6.51	2.90
Urban	46.30	13.84	24.95	7.78	14.76	5.11	6.58	2.95
Provinces								
Koshi (ref.)	44.64	14.33	23.67	8.10	14.39	5.15	6.59	2.93
Madhesh	52.92*	12.35	28.22*	6.48	17.56**	5.59	7.14	2.63
Bagmati	45.89	11.84	25.52	6.83	13.71	3.75	6.65	2.93
Gandaki	46.35	13.32	25.49	7.75	13.97	4.92	6.90	2.95
Lumbini	46.54	16.78	24.59	9.44	15.70	6.17	6.26	3.34
Karnali	47.94	10.11	26.61	5.72	14.27	3.96	7.07	2.91
Sudurpaschim	37.71	9.64	21.31	6.36	11.40*	3.64	5.00*	1.95
Total	**46.53**	**13.83**	**25.22**	**7.75**	**14.76**	**5.27**	**6.55**	**2.93**

*p<0·05; **p<0·01; ***p<0·001. Source: Field Survey, 2022.

On the other hand, the multivariate regression analysis considering the cluster sampling design showed that the stigma associated with abortion was lower among respondents with lower age group however there was no significant association while controlling other socio-demographic variables.

The stigma associated with abortion was lower among respondents with higher levels of education. Specifically, the stigma was lower among participants who had completed secondary education (SABAS coefficient = -8.11, 95% CI (-10.42 to -5.79)) and those with a Bachelor's degree or higher (coefficient = -12.24, 95% CI (-15.52 to -8.95)). Higher stigma was observed among currently married women compared to never-married women (coefficient = 3.07, 95% CI (-1.31 to 7.45)). However, the coefficient was not significant for marital status. In terms of location, the lowest stigma was observed among respondents in the Sudurpaschim province compared to those in Koshi (coefficient = -5.19, 95% CI (-10.07 to -0.32)). However, the coefficient was not significant for place of residence. Similarly, the coefficients for

wealth index was mostly insignificant except richest group in negative serotype subscale (data omitted). The results showed an inverse dose-response relationship between the education level and the components of the SABA scale, such as negative stereotyping, exclusion and discrimination, and fear of contagion. Even after controlling different socio-demographic variables, differences in stigma level are still significant, including all three subscales.

Characteristics	SABA Scale		Negative stereotyping		Exclusion and discrimination		Fear of contagion	
	Coef.	95%CI	Coef.	95%CI	Coef.	95%CI	Coef.	95%CI
Education								
Never attended school (ref.)								
Basic education	-3.31**	-5.47to -1.15	-1.29*	-2.35to -0.23	-1.17**	-1.95 to -0.39	-0.85**	-1.38to-0.32
Secondary education	-8.11***	-10.42to -5.79	-3.61***	-4.85 -2.37	-2.59***	-3.40 to -1.78	-1.91***	-2.44to-1.37
Bachelor and above	-12.24***	-15.52 to -8.95	-6.42***	-8.25to -4.58	-3.31***	-4.39 to -2.22	-2.51***	-3.25to-1.78
Caste/ ethnicity								
Brahmin/ Chhetri (ref.)								
Madhesi	5.22**	1.63 to 8.82	1.60	-0.36 to 3.57	2.21**	0.75 to 3.67	1.41***	0.68 to 2.13
Dalit	1.37	-1.57 to 4.32	0.23	-1.22 to 1.68	0.92	-0.23 to 2.08	0.22	-0.42to 0.86
Janjati	0.47	-1.56 to 2.50	0.23	0.88 to 1.35	0.15	-0.52 to 0.82	0.08	-0.37to 0.54
Muslim	10.13***	5.88 to 14.38	4.85***	-8.25 to -4.58	3.52**	1.12 to 5.92	1.76***	0.92 to 2.59
Affiliation to saving credit groups								
Not affiliated (ref.)								
Affiliated	-2.99***	-4.34 to -1.64	-1.28**	-2.02 to -0.53	-1.08***	-1.61 to -0.55	-0.63***	-0.95 to -0.31
Occupation								
Skilled service (ref.)								
Agriculture	3.67**	1.02 to6.32	2.15**	0.66 to 3.63	1.19*	0.21 to 2.17	0.34	-0.33 to 1.00
Student	1.55	-1.81 to 4.92	0.85	-1.05 to 2.75	0.18	-1.28 to 1.64	0.52	-0.18 to 1.22
Business	2.0	-1.11 to5.10	1.16	-0.25 to 3.47	0.43	-0.54 to 1.40	-0.05	-0.78 to 0.68
Unskilled service	8.28***	3.87 to 12.69	5.21***	3.17 to 7.26	1.93*	0.05 to 3.81	1.13*	0.06 to 2.20
Not working	3.98**	1.13 to 6.82	2.59**	1.07 to 4.11	1.04*	0.06 to 2.03	0.34	-0.35 to 1.03
Provinces								
Koshi (ref.)								
Madhesh	0.53	-3.93 to 4.98	0.76	-1.85 to 3.37	0.78	-0.57 to 2.13	-1.01*	-1.89 to -0.13
Bagmati	2.34	-2.32 to 6.99	2.31	-0.44 to 5.07	-0.28	-1.49 to 0.93	0.31	-0.71to 1.32
Gandaki	5.01*	0.22 to 9.80	3.19*	0.18 to 6.19	0.80	-0.44 to 2.04	1.02*	0.02 to 2.03
Lumbini	4.04	-1.21 to 9.28	1.75	-1.10 to 4.60	2.18*	0.29 to 4.07	0.11	-0.88 to 1.09
Karnali	2.53	-3.53 to 8.58	2.38	-0.75 to 5.51	-0.23	-2.12 to 1.65	0.38	-1.29 to 2.04
Sudurpaschim	-5.19*	-10.07 to -0.32	-1.49	-4.27 to 1.29	-2.47**	-4.18 to 0.77	-1.03*	-2.24 to -0.22
Constant/	43.52	38.13 to 48.92	22.71	20.02 to 25.39	13.97	11.70 to 16.24	6.84	5.54 to 8.15

 # Omitted age, marital status, wealth index, place of residence in the table as they are insignificant.
*p<0·05; **p<0·01; ***p<0·001. Source: Field Survey, 2022.

DISCUSSION

The findings of the study present unique findings related to abortion stigma and its associated factors assessed using SABAS. This study shows that the calculated stigma level of Nepal is 46.53 which is slightly higher than the midpoint of 45 suggesting a high stigma regarding abortion. Abortion stigma acts as one of the crucial components of making safe abortion services accessible to every woman. Though there is no comparable data regarding abortion stigma in Nepal, the stigma regarding abortion reveals that the extent of discrimination is moderate in Nepal compared to other countries. The stigma level of Nepal (46.53) is lower compared to few African countries with a similar context to Nepal such as Kenya (47.19) and Ghana (51) & Zambia (48.9), Uganda (59).[7,9] The lower stigma level for Nepal could be due to the comparative progressive laws, continued sensitization and advocacy efforts by government and non-government organizations and relatively liberal society.

Even though abortion was legalized in 2002 in Nepal and various program interventions have been conducted to reduce the level of abortion stigma, stigmatizing behavior and abortion stigma is still prevalent in the community.[10,11] The findings highlight the higher stigma level among women and girls from marginalized communities such as Madheshi, Muslim, Dalit, Janjati and province such as Madhesh and Karnali. The stigma level is higher among the married women and women with low education which is like the findings of a systematic review by Hanschmidt et al.[12] The age of the respondents is found to be significantly associated with negative stereotyping, exclusion and discrimination, and fear of contagion as well as total SABAS score. Even with the availability and affordability of the services, stigma makes a woman reluctant to seek the abortion services as stigma on abortion is both internalized and perceived. Thus, it is recommended to concentrate and expand the sensitization and awareness program reaching the hard-to-reach and vulnerable populations to reduce the stigma level among women and girls across all age groups.

There are evidences of positive intervention outcome reducing stigma among marginalized communities which could be a learning for Nepal. For example, an Ethiopian community-based intervention study showed that level of stigma could be minimized. Before the intervention, the baseline SABAS scores were 50 and 49 in comparison and intervention areas but there was increment in stigma in comparison area to score of 55 and reduction in intervention area to score of 39.[8] This is also validated by the assessment conducted in Nepal by Ipas Nepal in its intervention districts where the SABAS outcome is 40.1 which is less than national level score (46.5) calculated in this article.[13] Thus, community based safe abortion program, value clarification and attitude transformation sessions, counselling for women and girls while assessing family planning services and curricula-based abortion education is recommended focusing marginalized population. Empowering women and girls, increasing SRH autonomy through such interventions might help in reducing stigma, negative stereotype, discrimination, and exclusion.

CONCLUSIONS

The stigma level on abortion is high among marginalized and vulnerable women in Nepal, specifically upper age group, Madhesh, Dalit, Muslim, lower education levels, widowed, poor, Madhes province. Similarly, the negative stereotype and discrimination and exclusion is also high while the fear of contagion is low among Nepalese women and girls.

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CONFLICT OF INTEREST

There is no conflict of interest among authors.

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